



Cobb County Business License Division

Mailing Address: P.O. Box 649

Marietta, GA 30061-0649

Office Location: 1150 Powder Springs Street, Suite 400

Marietta, Georgia 30064

Phone (770) 528-8410

Web site Address - www.cobbcounty.org

Email Address: businesslicense@cobbcounty.org

Application For Partnership / Limited Liability Partnership Occupation Tax Certificate

The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. ***You will not be billed.*** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to the Georgia Immigration Reform Act **Effective January 1, 2012** all persons applying for a Cobb County Occupation Tax Certificate or Cobb County Business License must provide in person or electronically to the Cobb County Business License Division a secure and verifiable document as required by O.C.G.A. 50-36-1(e)(1) and sign the affidavit required by O.C.G.A. 50-36-1(e)(2). A list of secure and verifiable documents can be found at:

http://www.georgia.gov/vgn/images/portal/cit_1210/63/43/173963603Secure_and_verifiable_document_list%208.5.11.pdf

This business is: ☐ New Application
☐ Ownership Change / Date ownership changed & Certificate# _____
☐ I am filing a name /or address change for Certificate# _____
☐ Reprint

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As _____ Business Phone () _____

2. Name of Partnership/ LLP _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Email Address _____

6. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial Fax # _____

7. Full Detailed Description of Business _____

8. Estimated Gross Receipts in GA from this location for the current calendar year \$ _____

Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

9. Date Business began in Cobb County _____

10. # of employees in Cobb _____ E-Verify # (if applicable) _____

11. State Sales Tax ID # _____ Federal ID # _____

12. Name of Partner _____ SS# _____ DOB _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

13. Name of Partner _____ SS# _____ DOB _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

If there are more partners, please file an additional application

14. Person completing application _____

Business Address _____ Apt# _____ City _____ State _____ Zip _____

Business Phone () _____ Email Address _____

15. Name of manager(s) of this location _____

16. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? _____ If yes, please list all the dates and locations of the offenses and disposition of charges. _____

17. Are you, the partnership, or any individual in the partnership currently delinquent in payment of any taxes or fees to any state or local government? _____ If yes, Please indicate the type of tax or fee, and the amount due with the reason the balance is delinquent. _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning

Restrictions stated above: _____
(initials)

Signature: _____

I, _____, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations. I understand that all decisions of the Business License Division may be appealed to the Cobb County License Review Board.

This _____ day of _____, 20____.

Signature of applicant _____
() Owner () Manager () Other specify _____

*****APPLICANT MUST COMPLETE THE AFFIDAVIT AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEVELOPMENT AND INSPECTIONS DIVISION.

OFFICE USE ONLY:

Occ. Tax Cert. # _____

SIC Description _____ Category _____ BL STAFF _____

Due current yr _____ Due previous yr _____ Due for 2 yrs prior to current yr _____

Penalty _____ Interest _____ Total Due\$ _____ Receipt # _____

Method of payment: CASH / CHECK # _____ Zoning Division _____ Approved/Denied
(circle one) (circle one)

REVISED 2/13

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

CHECK ONLY ONE OPTION:

- 1)____ I am a United States citizen.
- 2)____ I am a legal permanent resident of the United States. **(Provide I-551)**
- 3)____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN
BEFORE ME ON THE
____ DAY OF _____ 20 ____

NOTARY PUBLIC
My Commission Expires:

Business Name _____

Occupation Tax Certificate /License # _____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

Number of Employees _____

1. Fill out this section between July 1, 2012, and June 30, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 1(a) please fill out Section 3 below.

2. Fill out this section on or after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 2(a) please fill out Section 3 below.

3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____